VP30 Research And Analysis Of European Health Technology Assessment Processes

AUTHORS:

Julia Sus (Julia.Sus@nice.org.uk), Zoe Garrett

INTRODUCTION:

As part of the European Network for Health Technology Assessment (EUnetHTA) Joint Action 3, the National Institute for Health and Care Excellence (NICE) in collaboration with forty-nine Health Technology Assessment (HTA) agencies and payer organizations, is leading on research to gain a high level understanding of HTA processes across Europe. This will help to facilitate improved collaboration and use of EUnetHTA HTA reports and tools across member states and decrease the duplication of work.

To analyze the similarities and differences in HTA processes and decision making on the reimbursement of pharmaceuticals and medical devices across Europe.

METHODS:

National agencies involved in the HTA and reimbursement processes shared data on HTA and decision-making processes. Data provided was extracted into an excel workbook including information relating to pharmaceuticals, medical devices, inpatient and outpatient care and assessments that inform reimbursement, pricing and other processes.

RESULTS:

Thirty-one countries provided fifty-eight sets of HTA process and procedural documents for both medical devices and pharmaceuticals. This information was translated into the workbook which consisted of eleven sections (general information, capacity, overview of the process, topic selection, assessment process, advice and decision making, legal and procedural issues, reassessment, stakeholders engagement, HTA information used and HTA information held).

The first stage of data analysis is a descriptive write up of existing processes from horizon scanning and topic selection up to decision making. The second stage is an analysis showing how collaboration and use of EUnetHTA outputs can be implemented into existing processes. An additional questionnaire will be developed to gain further understanding of EUnetHTA partners views on national engagement in the EUnetHTA procedures, implications of joint production, what EUnetHTA products are most valued and what mechanism might support better information sharing and more efficient use of HTA reports between jurisdictions.

CONCLUSIONS:

The analysis of the above data will provide detailed information on how EUnetHTA products or HTA products from other jurisdictions could be introduced into HTA and reimbursement processes across member states and at what point could EUnetHTA partners best engage in joint and cooperative work.

VP31 Health Technology Assessment Evidence On E-Health/M-Health Technologies: Fields For Improvement

AUTHORS:

Vladimir Vukovic (vladimir.vukovic@unicatt.it), Carlo Favaretti, Chiara de Waure

INTRODUCTION:

Evaluation is crucial for integration of e-Health/m-Health applications into healthcare systems and their further sustainability. However, evaluation of these technologies is often challenged by poor quality of research design, lack of common outcome indicators and no consensus on appropriate methodology. Health Technology Assessment (HTA) could offer a sound methodological basis for these evaluations (1). The aim of this study was to look for HTA reports on

https://doi.org/10.1017/S0266462317003208 Published online by Cambridge University Press

e-Health/m-Health technologies and to describe their characteristics and analyze transparency, consistency and thoroughness, with the goal to detect fields for improvements.

METHODS:

A literature search was performed on PubMed, ISI WOS and University of York – Centre for Reviews and Dissemination (CRD) electronic databases, in order to identify reports that had evaluated e-Health/m-Health technologies, published until 1 April 2016. We used the International Network of Agencies for Health Technology Assessment (INAHTA) checklist (2) to evaluate transparency and consistency of included reports. We also assessed thoroughness of reports by checking the presence of the domains suggested by European Network for HTA (EUnetHTA) HTA Core Model (3).

RESULTS:

Twenty-eight reports published between 1999 and 2015 were included. Most of reports (71.4 percent) were delivered by non-European countries and only 35.7 percent were classified as full reports.
E-Health/m-Health technologies from several fields of medicine, mostly cardiology (21.4 percent) and psychiatry (17.9 percent) were evaluated. Policy question was clearly defined in 32.1 percent of reports, whereas ethical (21.4 percent) and legal implications (3.6 percent) were domains with the least presence. With respect to the EUnetHTA Core Model, around 70 percent of reports dealt with effectiveness and economic evaluation, more than 50 percent described health problem and around 40 percent organizational and social aspects. Remaining domains were evaluated in very few reports.

CONCLUSIONS:

E-Health/m-Health technologies are increasingly present in the field of HTA. Our work identified a number of elements not being included in the available reports. Several reports missed to respond to relevant assessment elements especially ethical, social and organizational implications. There is a need for strengthening and standardizing methods used for the evaluation of these technologies.

REFERENCES:

1. Gagnon M-P, Scott RE. Striving for evidence in e-health evaluation: lessons from health technology assessment. J Telemed Telecare [Internet]. 2005;11 Suppl 2(28):S34–6. Available from: https://www.ncbi.nlm.nih.gov/pubmed/16375790

2. INAHTA. A checklist for health technology assessment reports. 2007;(August):1–7. Available from: http://www.inahta.org/wp-content/uploads/2014/04/INAHTA_HTA_Checklist_English.pdf

3. European Network for Health Technology Assessment. HTA Core Model for Diagnostic Technologies 1.0R. 2008;1–176. Available from: https://meka.thl.fi/htacore/model/HTA%20Core%20Model%20for%20Diagnostic%20Technologies%201.0r.pdf

VP32 Improving The Efficiency Of Early Awareness For Non-Drugs In Spain

AUTHORS:

Iñaki Gutiérrez-Ibarluzea (osteba7-san@euskadi.eus), Leonor Varela-Lema, Elena Baños, Setefilla Luengo-Matos, Aurora Llanos, Mar Polo-Desantos, Isabel Prieto, Melquiades Ruiz, Celia Juarez, José Asua, Teresa Molina-Lopez

INTRODUCTION:

Early awareness and alert systems (EAAS) try to anticipate the impact of new technologies in the healthcare systems. Spain, which has a decentralized health system with public provision and universal health coverage, has been a pioneer in establishing EAAS activities. From 2006 a network of regional agencies coordinated EAAS activities. Taking into account the individual agencies scarce resources and in order to improve efficiency, this collaboration decided to distribute tasks when identifying and early

https://doi.org/10.1017/S0266462317003208 Published online by Cambridge University Press